

Chas. Cartwell.

Salisbury

Town

Wicomico

County

Died at

Salisbury

Month Day

Y. M. D.

MARYLAND

Date 1902

November 27

Age 35

Native of

Occupation

Labour

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Chas. Cartwell

Mother's

Maiden Name

Cause of

Primary

Accident

172

How long sick

Death

Immediate

Drowned Wicomico River

Accident, Suicide, Homicide

Reported by

Lemuel Cannon

Address

Salisbury Md

Wicomico

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mary Colman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Near Fruitland		Wicomico					
Date of death 1902	Month Nov.	Day 8th	Age 48	Years	Months 3	Days	
Sex Female	Color or Race Colored	Occupation Housewife		Birth-place Ad.			
Married, Single or Widowed Married	Name of Wife or Husband William Colman		Father's Name Stephen Banks	Father's Birthplace Ad.			
Mother's Maiden Name Ann Banks			Mother's Name Ad.	Mother's Birthplace Ad.			
Name of person giving information M. Colman	Age 40		How related to deceased Husband				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Said to be cancer of the liver

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Geo. C. Hill  
Undertaker

Accident or Suicide?

Dr. J. J. Long of Allen attended  
her but I could not get certificate  
of him before burial Geo. C. Hill

Name  
in  
Full

Helene M. Figgs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1902	Month Nov.	Day 10	Years	Months	Days	
Sex Female	Color or Race	Age		Birth-place		
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name	James Figgs			Father's Birthplace	Maryland	
Mother's Maiden Name	Annie Dennis			Mother's Birthplace	Maryland	
Name of person giving information	Seevie W. Figgs			How related to deceased	Grand Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

I don't know the cause of death

How long

Immediate

child died suddenly and had no Doctor

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

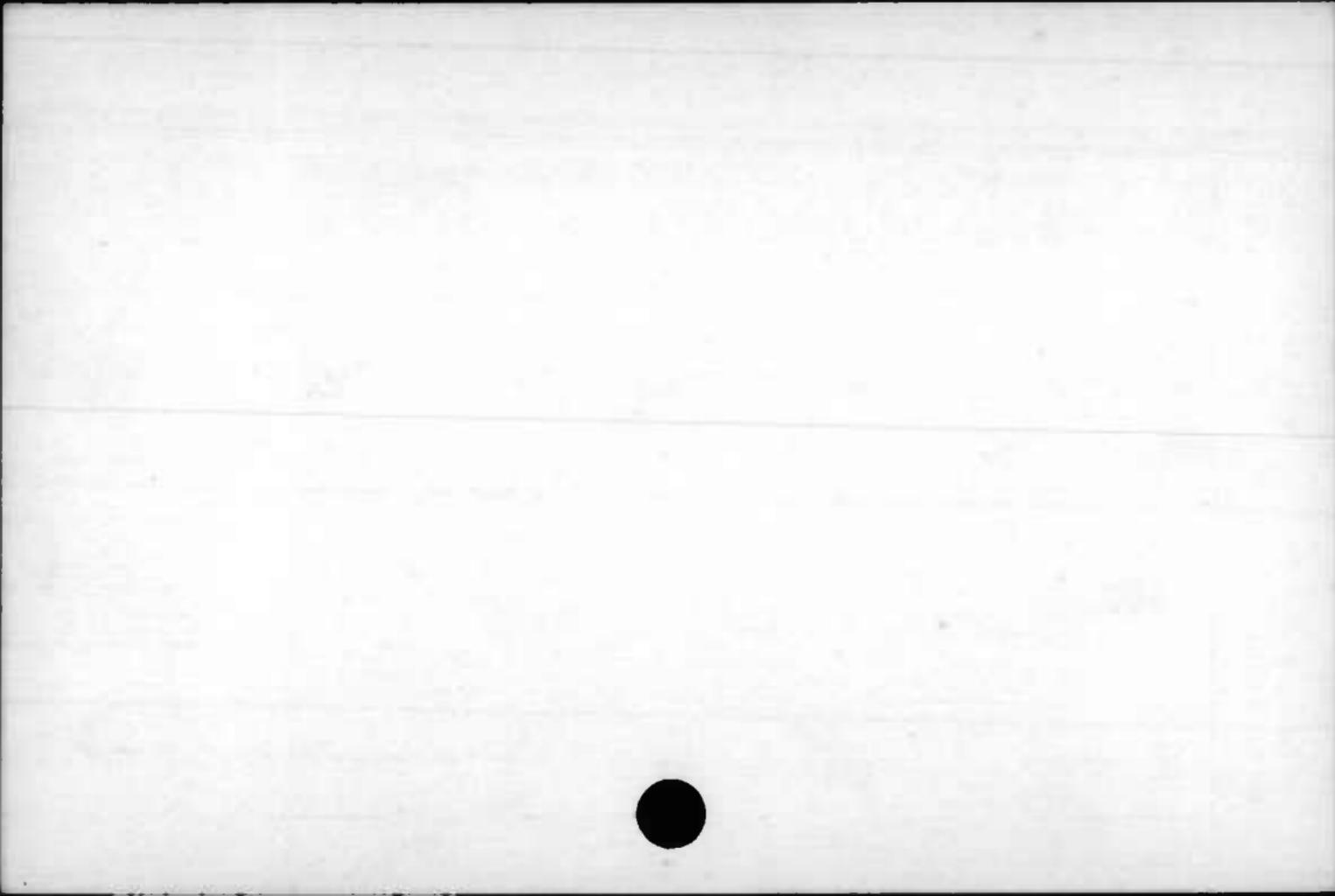
Address

Geo. C. Hill

151

Undertaker  
Salisbury Md.

Accident or Suicide?



Name  
in  
Full

Mr. Sidney Gordy (Infant)

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
2 Nov	11		0	0	4
Age	white		Birth- place	Salisbury Md	
Sex	Male	Color or Race	Occupation		
Married, Single or Widowed	Infant				
Name of Wife or Husband					
Father's Name	Mr. Sidney Gordy Jr.		Father's Birthplace	Md.	
Mother's Maiden Name	Clara White		Mother's Birthplace	Md.	
Name of person giving Information	151		How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Hemorrhage Stomach & Bowels

How long

30 hours

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

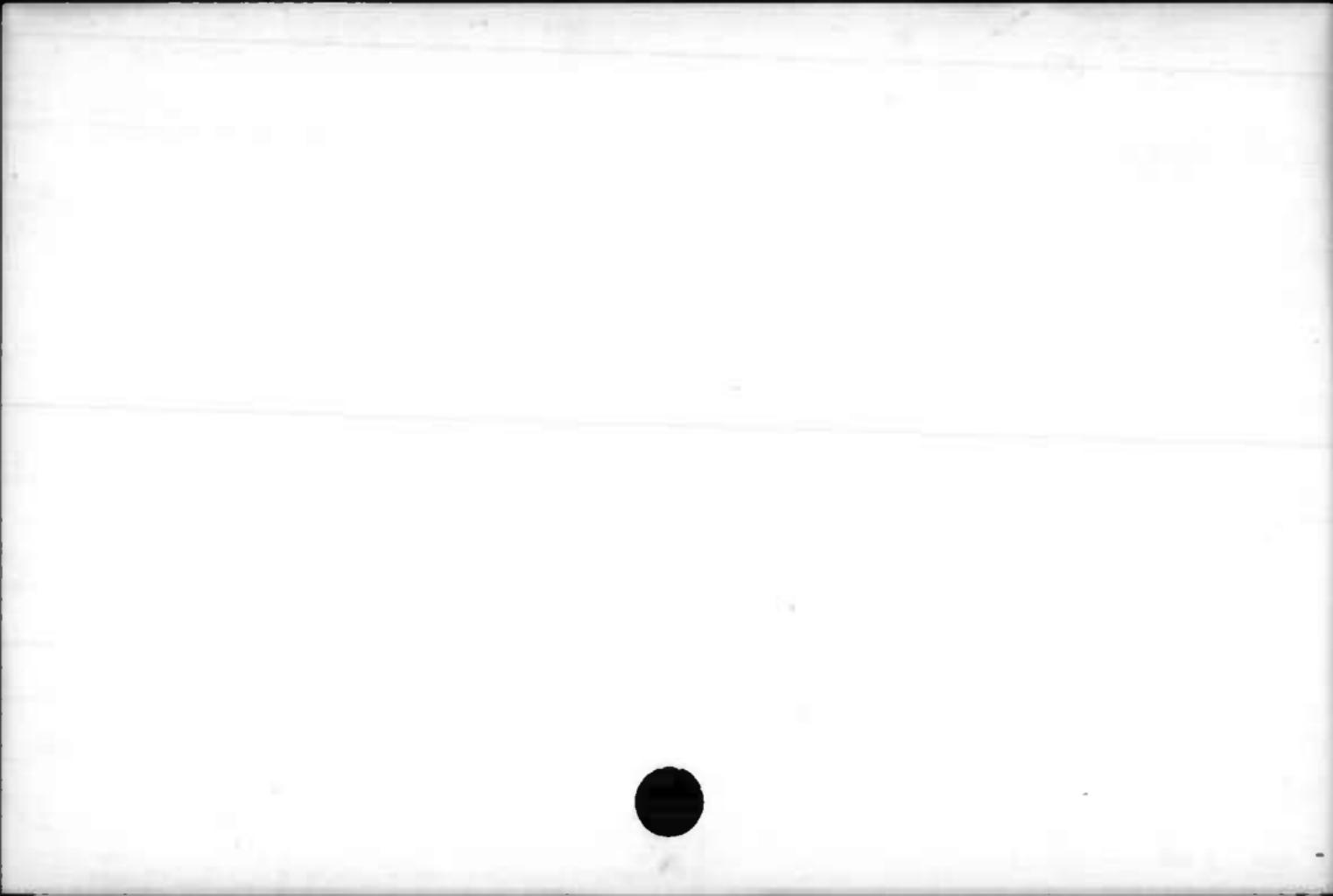
Signature of  
Physician

F. B. Stevens M.D.

Address

Salisbury Md

Accident or Suicide?



Name  
in  
Full

Marion L. Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Salisbury		Wicomico			
Date of death	1902	Month Nov	Day 28	Age	Months 2	Days 22
Sex	Color or Race		White		Birth-place	Salisbury
Married, Single or Widowed			Occupation			
Name of Wife or Husband	S. L. Hall					
Father's Name	O. L. Hall				Father's Birthplace	Del
Mother's Maiden Name	Jennie Huston		51		Mother's Birthplace	Del
Name of person giving information	Jennie Hall				How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Premature birth	How long
Immediate	Inunction & exhaustion	How long Since birth
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	J. M. Drift Salisbury, Md.	



Name  
in  
Full

Dorothy Hayman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died ~~at~~ near Fowlers Town

County  
Wisconsin

MARYLAND

Date of death 1902	Month Nov.	Day 1	Years —	Months 2	Days —
Sex Female	Color or Race white	Occupation			Birth- place Wisconsin Co

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name Asbury Hayman

Father's  
Birthplace Wisconsin Co

Mother's  
Maiden Name Alverta Howes

Mother's  
Birthplace Maryland

Name of person giving  
information Physician

How related  
to deceased Wife

CAUSES OF DEATH

Primary

Acute Hydrocephalus 150

How long

5 days

Immediate

Heart failure

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

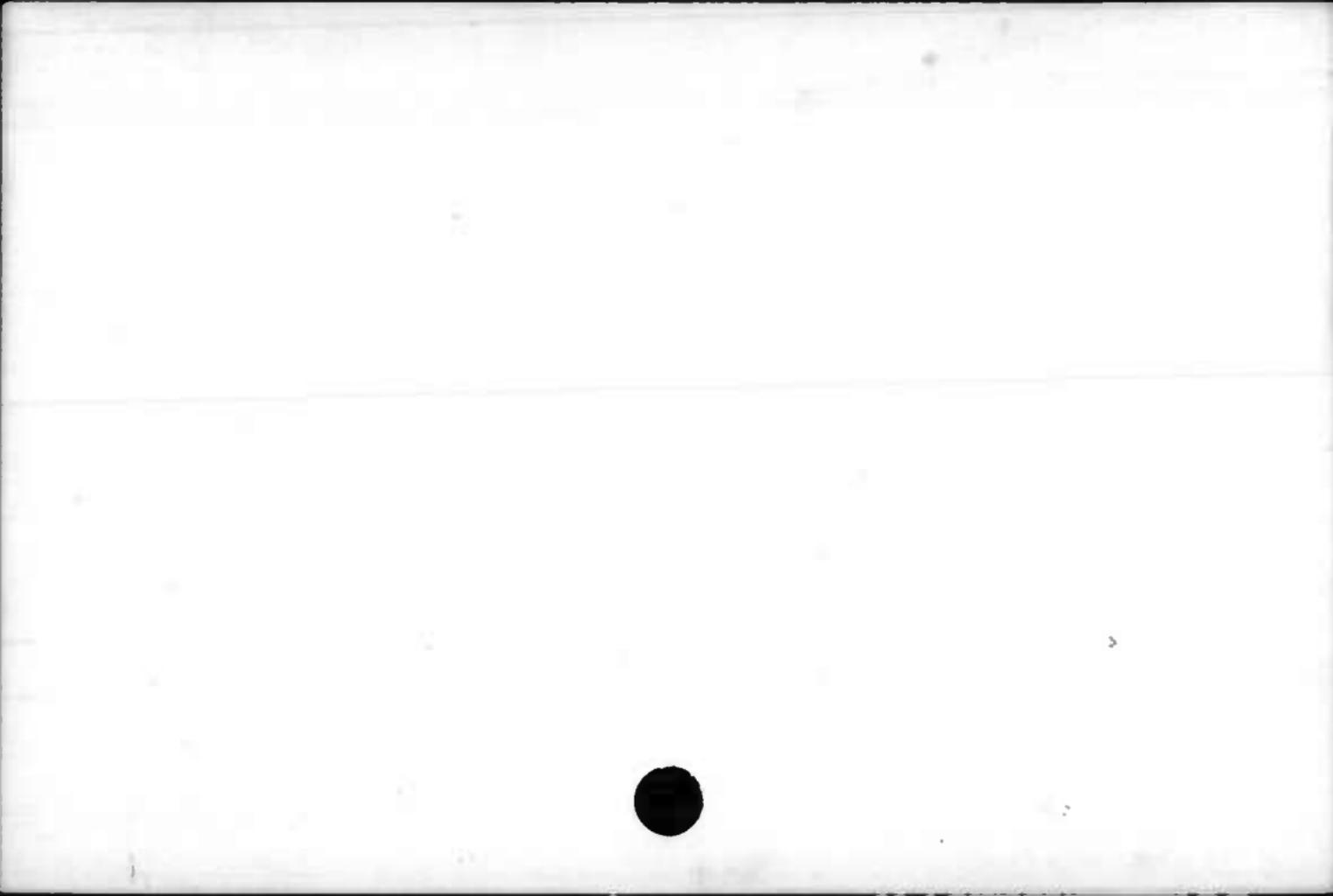
Signature of  
Physician

Address

Lewis W. Morris M.D.  
Asbury, N.J.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
In  
Full

George W. Kibble

CERTIFICATE OF DEATH

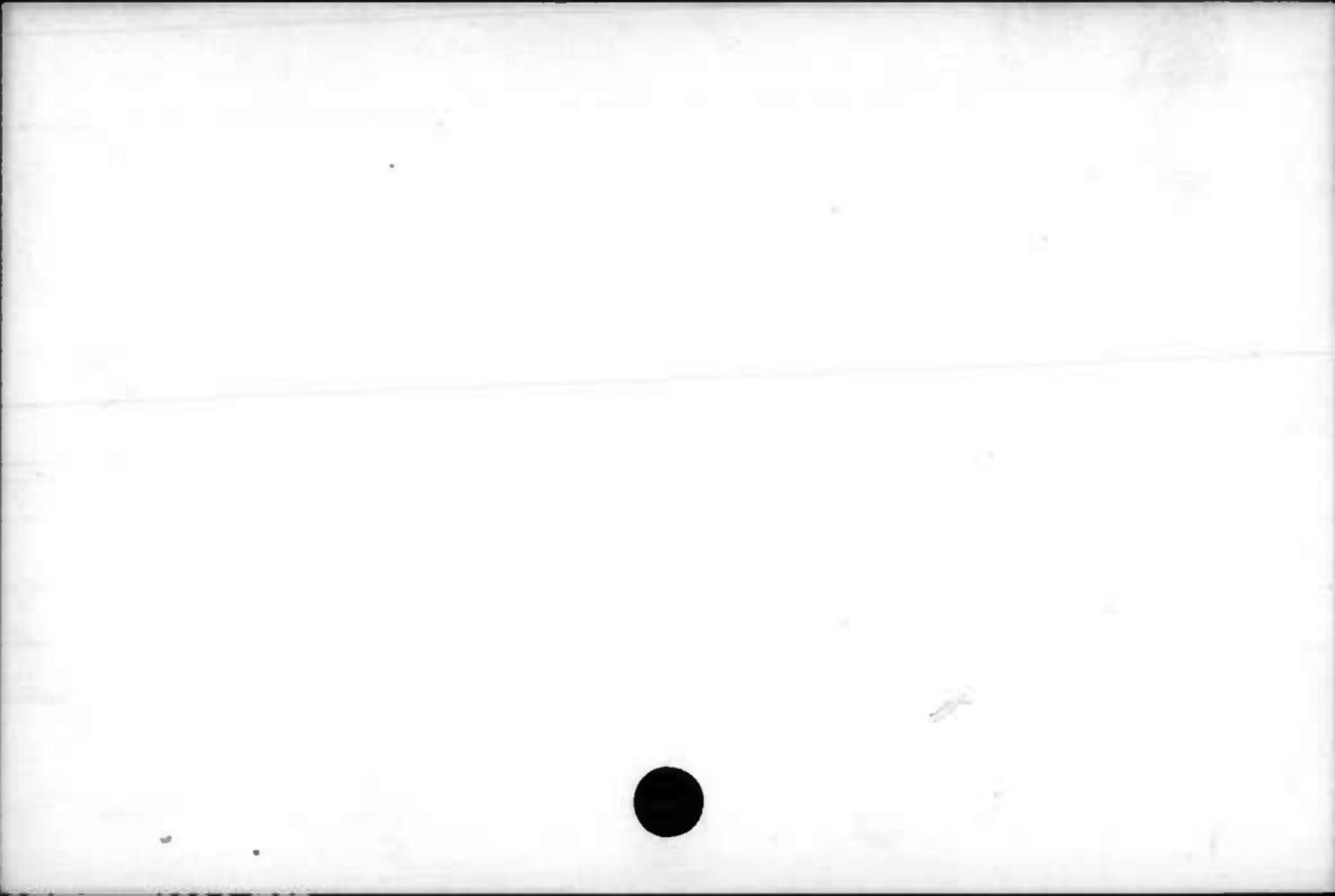
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Shad Point		Wicomico			
Date of death	Month	Day	Years	Age	Months	Days
1902	Nov.	15	65	65		
Sex	Male	Color or Race	White	Occupation	Birth-place	Maryland
Married, Single or Widowed	Married		Ship Carpenter			
Name of Wife or Husband	Dorothy Kibble					
Father's Name	William Kibble		Md.			
Mother's Maiden Name	Ann Smith		Md.			
Name of person giving information	J. W. Kibble		Brother			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis		How long	2 or years
Immediate	Exhaustion		How long	2 or weeks
Are the name, age, sex, color, date and place correctly given above?	YES	Signature of Physician	Dr. Jack Salishaw, M.D.	
Address				
Accident or Suicide?	No			



Name  
in  
Full

Alexander King

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Salisbury

Town

County

MARYLAND

Date  
of death 190

Month  
11

Day  
22

Years  
38

Months

Days

Sex

Male

Color or  
Race

Black

Birth-  
place

Md

Married, Single  
or Widowed

Married

Occupation

Labourer

Name of Wife or  
Husband

Mary King

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

Mary King

How related  
to deceased

Wife

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

six months

Immediate

How long

Bright's Disease

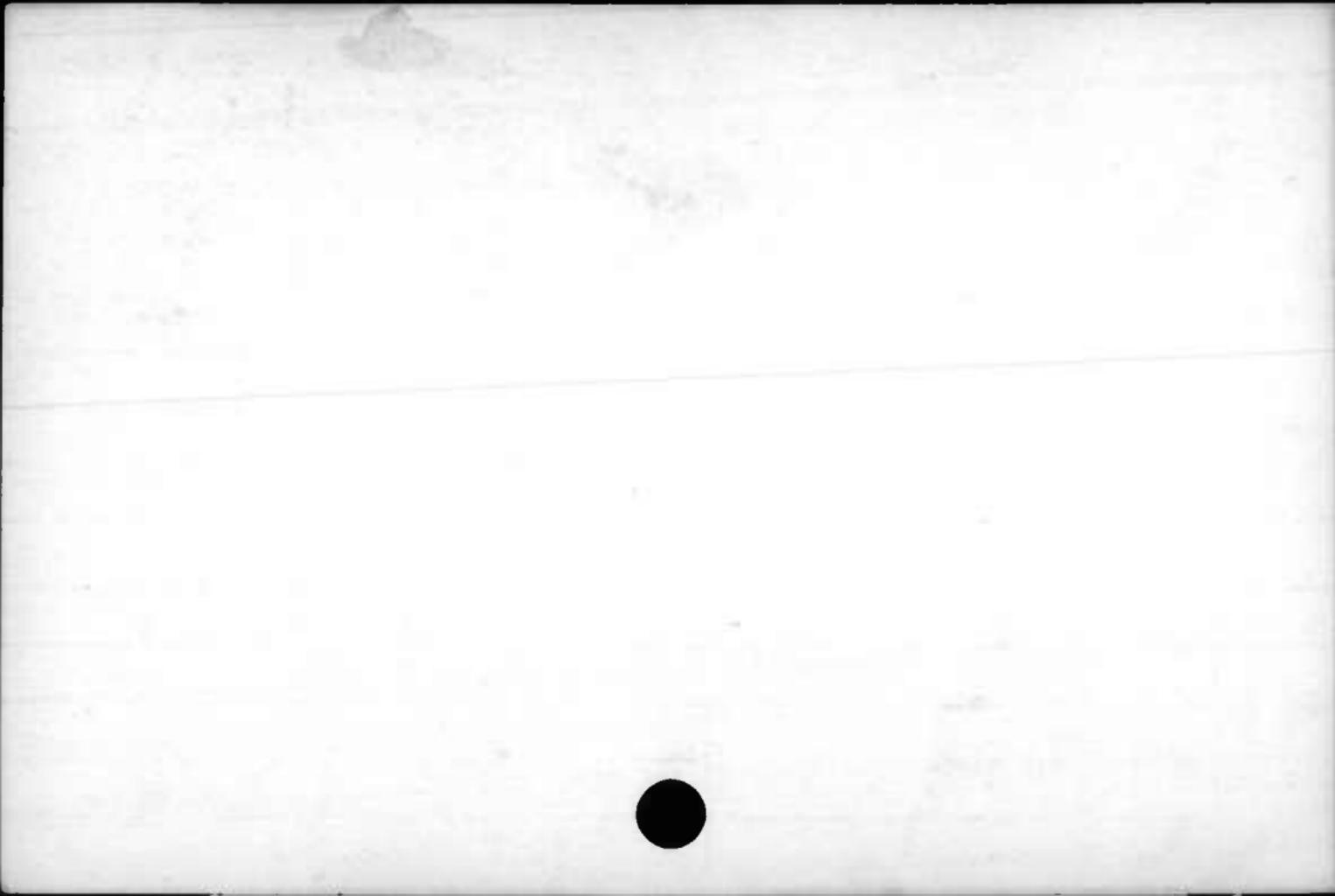
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

E. A. Denison Underwood  
W. Maryland  
Md

Accident or Suicide?



Name  
in  
Full

Jacob Lapple

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Salisbury, Md	Miccos			
Date of death 1902	Month Nov.	Day 1 <sup>st</sup>	Years Age 26	Months 8	Days 17
Sex Male	Color or Race white	Birth- place Germany			
Married, Single or Widowed Single	Occupation Telephone Lineman				
Name of Wife or Husband					
Father's Name John Lapple	Father's Birthplace Dorichown				
Mother's Maiden Name Doris Brown	Mother's Birthplace ,				
Name of person giving Information Josephine	How related to deceased				

CAUSES OF DEATH

(over)

PHYSICIAN  
OR CORONER

Primary

Typhloic fever

How long

29 days

Immediate

Intestinal perforation

How long

26 hours

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Josephine  
Salisbury, Md.

Accident or Suicide?

his patient was a German  
who had been in this com-  
try 3 yrs. and who knew  
very little about his  
family: he has one sis-  
ter in Philadelphia whose  
address he had forgotten  
on his admission to the  
Peninsula General Hosp. this  
is his only relative in this  
country; hence the answer  
"Don't know." *McDermitt*

Name  
in  
Full

Martha Martha

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
of death 190	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Md	
Married, Single or Widowed	widow		Occupation	Housework		
Name of Wife or Husband						
Father's Name	Dont know		Father's Birthplace	Dont know		
Mother's Maiden Name	Dont know		Mother's Birthplace	Don't know		
Name of person giving Information	Humphrey Martin		How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Supposy Consumption 27

How long

4 months

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

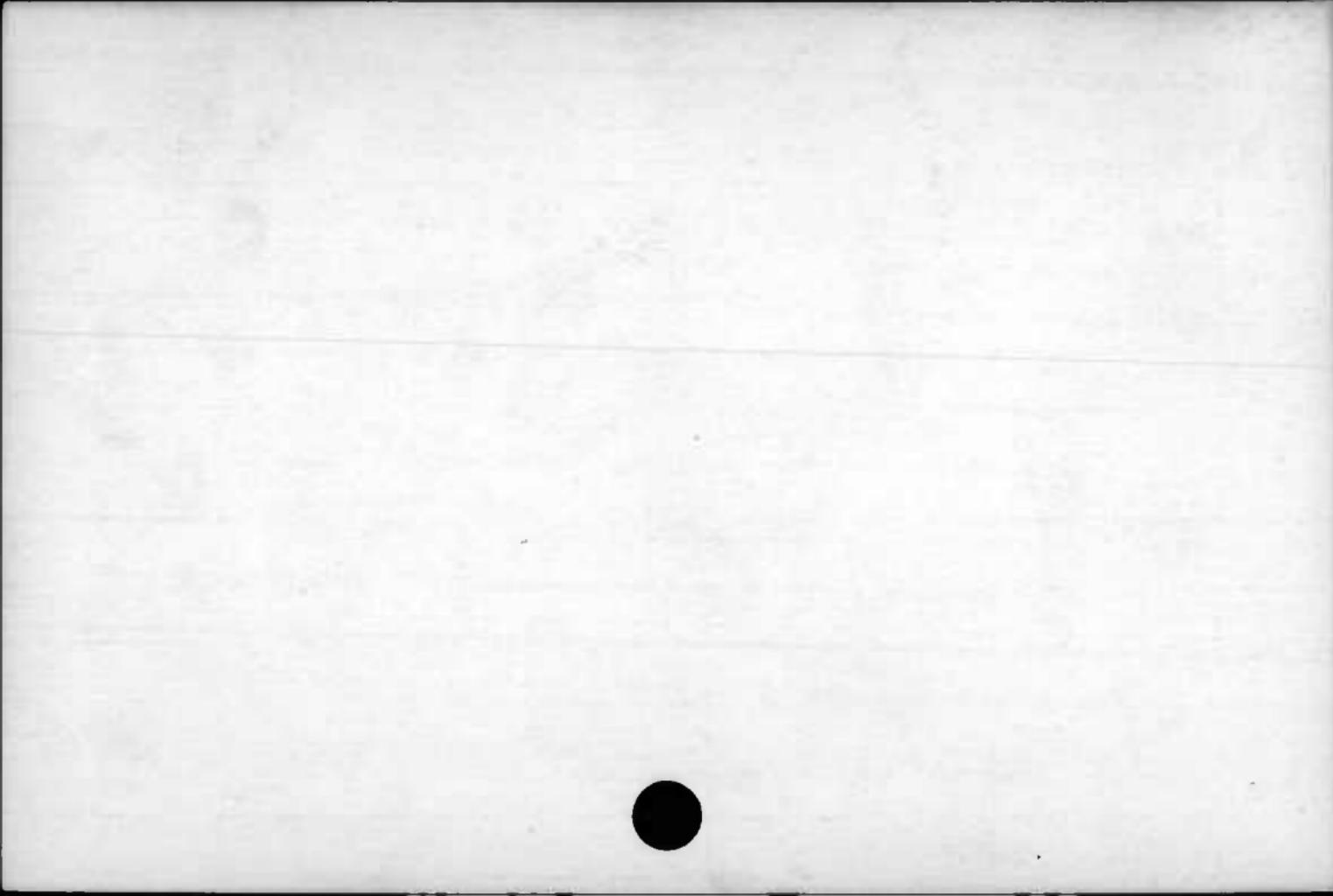
D C Holloway & Co

Address

Salisbury Md

Accident or Suicide?

X  
Undertakers



Name  
in  
Full

Mina Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1902	Month Nov.	Day 14	Years 18	Months 6	Days	
Sex	Male	Color or Race	Colored	Birth-place	Salisbury	
Married, Single or Widowed	Single		Occupation	—		
Name of Wife or Husband	—					
Father's Name	Don't Know		Father's Birthplace	Don't Know		
Mother's Maiden Name	Clara Miller		Mother's Birthplace	Mullen Dist Meconico Co.		
Name of person giving information	Rachael Boyd		How related to deceased	Aunt		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Death	71	How long
Immediate	Convulsions	—	How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. W. Thompson  
Salisbury,  
Md.

Accident or Suicide?

4. 25

25



Benjamin Miles

Town

County

Died Quantico Wicomico MARYLAND

Died Date 1902 Month Nov Day 26

Y.

M.

D.

Native of

Occupation

Male 32s White Married 65 Widow Quantico Farmer  
 Female Colored Single Widower 2s Number of children living 3 or 4

Husband of

Wife

Father's

Name

No one

Mother's Name

Don't know

Cause of

Primary

Malaria

How long sick

Death

Immediate

Dropsy

Accident, Suicide, Homicide

Reported by

Dr Dashiell

Address

Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Maria Sisarow

CERTIFICATE OF DEATH

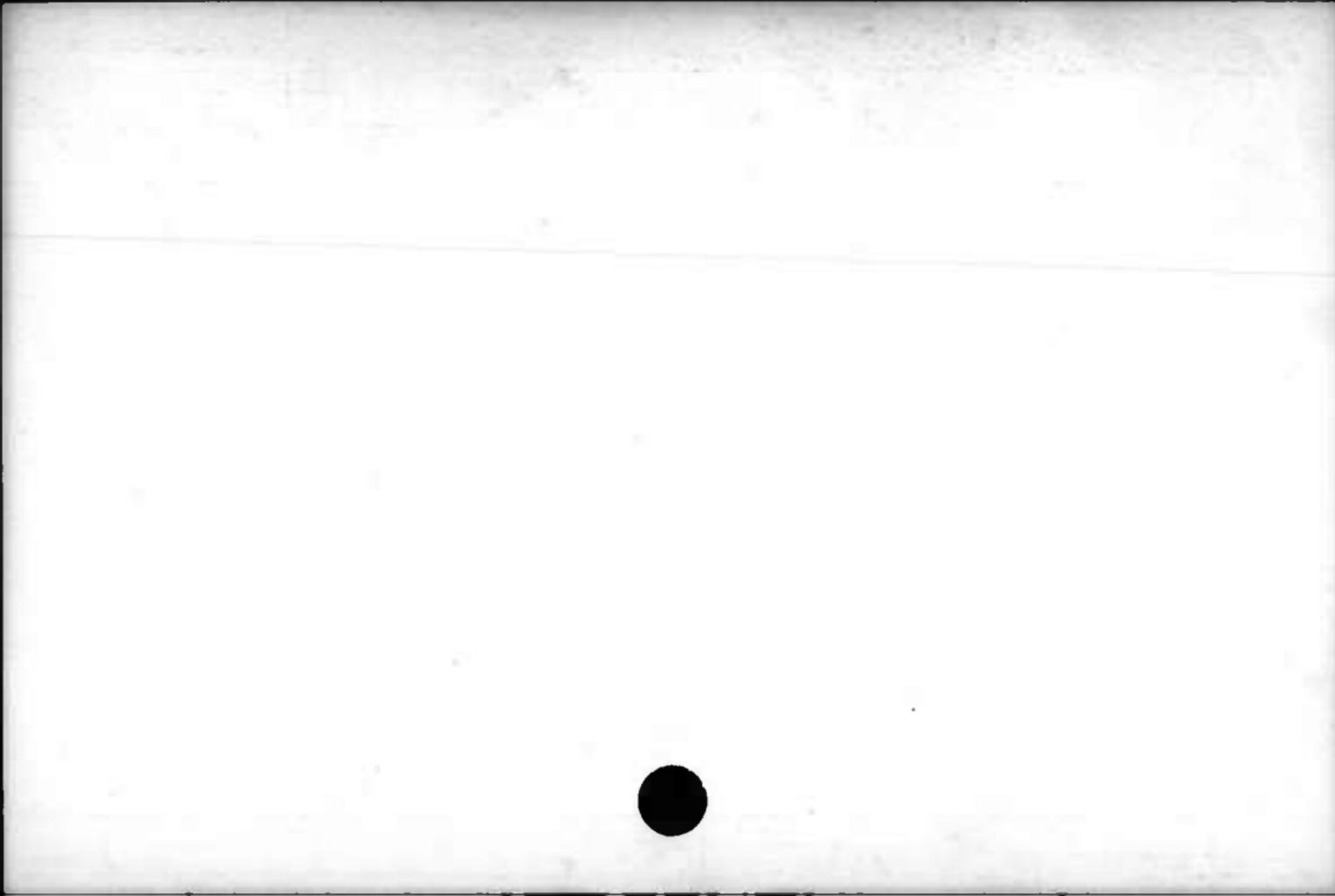
To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u>		County <u>Wicomico</u>		MARYLAND	
Date of death <u>1902</u>	Month <u>Nov.</u>	Day <u>25</u>	Years <u>85</u>	Months	Days
Sax <u>Female</u>	Color or Race <u>white</u>	Birth-place			
Married, Single or Widowed <u>widowed</u>	Occupation				
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Eczema Exanthematosum</u>	How long <u>7 or 8 months</u>
Immediate <u>Meningitis + heart failure</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Louis W. Lewis M.D.</u>
	Address <u>Salisbury Md.</u>
Accident or Suicide?	



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

No Name

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days	
2 Nov.	Nov.	17	Age	0	0	
Sex	Female	Color or Race	white	Birth-place	Salisbury	
Married, Single or Widowed		Occupation				
Name of Wife or Husband						
Father's Name		John H. Smith.		Father's Birthplace	Del.	
Mother's Maiden Name		Ida B. Drakey		Mother's Birthplace	MD	
Name of person giving information		Mother		How related to deceased		

CAUSES OF DEATH



Primary	Congestive Heart	How long
Immediate	Heart failure	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Louis W. Remond  
Salisbury, Md.

Accident or Suicide?



Name  
in  
Full

Minnie. Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Maryland	Anne Arundel			
Date of death	Month	Day	Years	Months	Days	
1902	Nov	21	29	4	12	
Sex	Color or Race	Occupation				
Woman	White	House wife				
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name						Father's Birthplace
Layden W Bragley						Maryland
Mother's Maiden Name						Mother's Birthplace
Marijah E Wilson						athel
Name of person giving information						How related to deceased
House wife						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

consumption

How long

2 days

Immediate

strangulation

How long

unknown

Are the name, age, sex, color, date and place correctly given above?

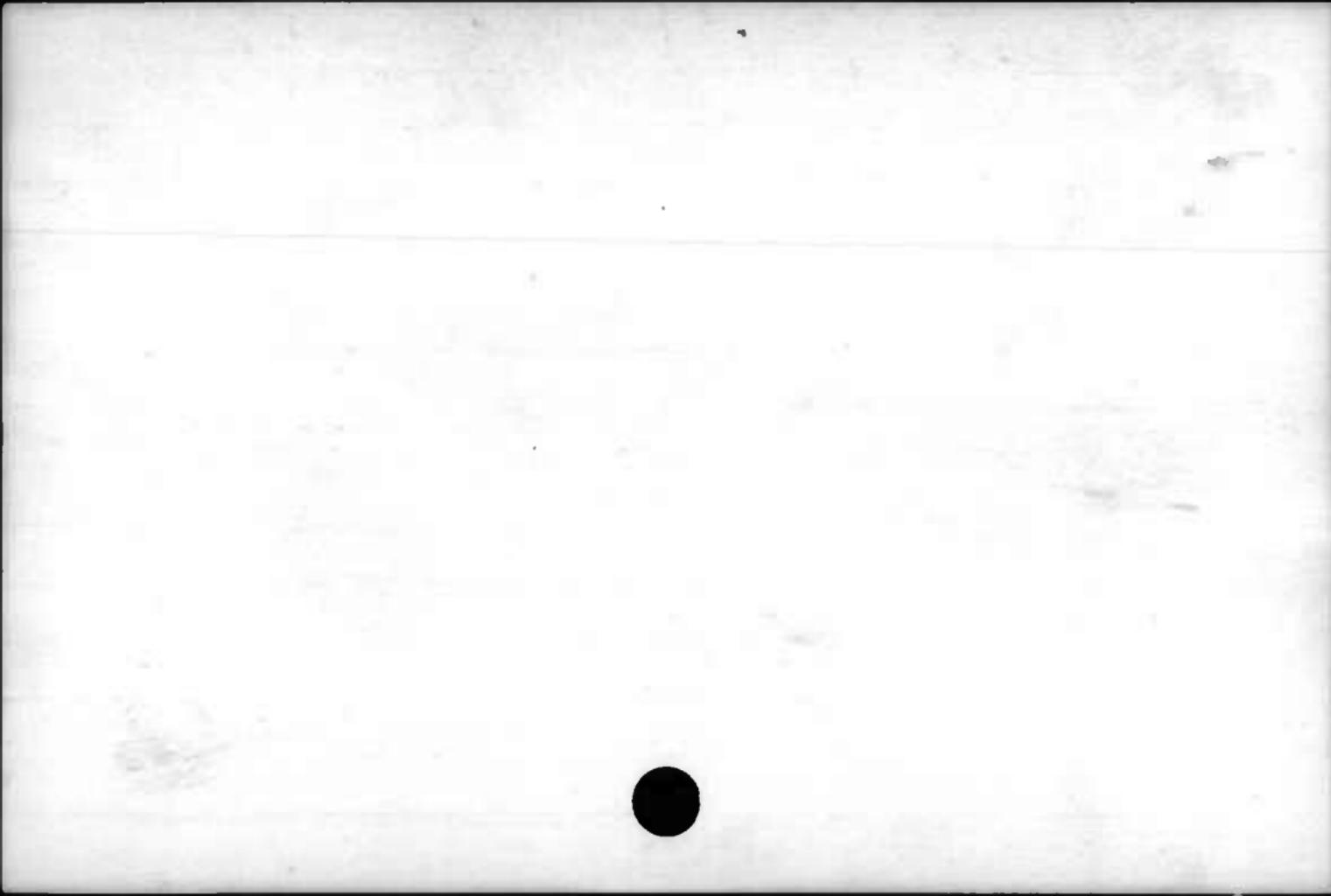
Signature of Physician

Address

A. T. Leary

Maryland

Accident or Suicide?



Name  
in  
Full

Maudella Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		State	
Died at	Salisbury		Wicomico		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1902	Nov.	18	Age	one	7	
Sex	Female	Color or Race	Colored	Birth-place	Maryland	
Married, Single or Widowed	Single		Occupation	None		
Name of Wife or Husband						
Father's Name	not known		105	Father's Birthplace		
Mother's Maiden Name	Elizabeth Turner			Mother's Birthplace		
Name of person giving Information	A. W. Phippin			How related to deceased		
CAUSES OF DEATH						
Primary	Improper food			How long		
	Anæmia			Don't know		
Immediate				How long		
				Don't know		

PHYSICIAN  
OR CORONER

Primary

Improper food  
Anæmia

How long

Don't know

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Believe so

Address

Gov. W. Todd  
Salisbury Md.

Accident or Suicide?

